

**Connecticut Department of Public Health Drinking Water Section  
Water Quality Monitoring and Compliance Schedule**

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949073                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2E | NTNC           | 335        | F          | SWP            |
| Local Address (where applicable) | Service                                 | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  | Connections                             |                | 1          |            |                |

Towns Served: NEWINGTON

**Monitoring Requirements**

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

|   |                                       |                          |                          |
|---|---------------------------------------|--------------------------|--------------------------|
| <b>Asbestos (1094)</b>                          | <b>1 routine (RT) per nine years</b>  |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28                     |                          |                          |
| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b>     |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25                      |                          | Complete                 |
|   | 10/1/25 - 12/31/25                    |                          | Complete                 |
|   | 1/1/26 - 3/31/26                      |                          | Complete                 |
|   | 4/1/26 - 6/30/26                      |                          |                          |
| <b>Lead And Copper (PBCU)</b>                   | <b>10 routine (RT) per six months</b> |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25                     |                          | Complete                 |
|   | 1/1/26 - 6/30/26                      |                          |                          |
|   | 7/1/26 - 12/31/26                     |                          |                          |
| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b>     |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25                      |                          | Complete                 |
|   | 10/1/25 - 12/31/25                    |                          | Complete                 |
|   | 1/1/26 - 3/31/26                      |                          | Complete                 |
|   | 4/1/26 - 6/30/26                      |                          |                          |

**Monthly Water System Facility (WSF) Level Monitoring Requirements**

Water System Facility: **TREATMENT PLANT** (WSFID: 00700)

| Analyte                      | Monitoring Requirement (Summary Type)   | Operating Limit            | Samples Req/Month         |
|------------------------------|---|----------------------------|---------------------------|
| Orthophosphate               | <spaces> ( )                            | Maximum: 3.0 MG/L          | 2                         |
| <b>Start Date:</b> 8/1/2021  |   | <b>Compliance History:</b> |                           |
|                              |   | <b>Monitoring Period</b>   | <b>Operating Limit</b>    |
|                              |   |                            | <b>Monitoring</b>         |
|                              |   |                            | <b>Compliance Status:</b> |
|                              |   | 8/1/2025 - 8/31/2025       |                           |
|                              |   | 9/1/2025 - 9/30/2025       |                           |
|                              |   | 10/1/2025 - 10/31/2025     |                           |
|                              |   | 11/1/2025 - 11/30/2025     |                           |
|                              |   | 12/1/2025 - 12/31/2025     |                           |
| Analyte                      | Monitoring Requirement (Summary Type)   | Operating Limit            | Samples Req/Month         |
| Orthophosphate               | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.5 MG/L          | 2                         |
| <b>Start Date:</b> 8/31/2021 |   | <b>Compliance History:</b> |                           |
|                              |   | <b>Monitoring Period</b>   | <b>Operating Limit</b>    |
|                              |   |                            | <b>Monitoring</b>         |
|                              |   |                            | <b>Compliance Status:</b> |
|                              |   | 8/1/2025 - 8/31/2025       | Y                         |
|                              |   | 9/1/2025 - 9/30/2025       | Y                         |
|                              |   | 10/1/2025 - 10/31/2025     | Y                         |
|                              |   | 11/1/2025 - 11/30/2025     | Y                         |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949073                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2E | NTNC           | 335        | F          | SWP            |
| Local Address (where applicable) | Service Connections                     | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  |   |                | 1          |            |                |

Towns Served: NEWINGTON

Water System Facility: TREATMENT PLANT (WSFID: 00700)

| Analyte               | Monitoring Requirement (Summary Type)   | Operating Limit    | Samples Req/Month  |
|-----------------------|---|--------------------|--------------------|
| Orthophosphate        | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.5 MG/L  | 2                  |
| Start Date: 8/31/2021 | Compliance History: Monitoring Period   | Operating Limit    | Monitoring         |
|                       | 12/1/2025 - 12/31/2025                  | Compliance Status: | Compliance Status: |

### Other Compliance Schedules

| Compliance Schedule Activity           | Due Date  | Achieved Date |
|--|-----------|---------------|
| CCTS 6: PWS MONITOR AFTER OCCT INSTALL | 6/30/2024 |               |
| CROSS CONNECTION SURVEY REPORT         | 3/1/2025  |               |

| Water System Facility ID | Water System Facility             | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                                   |                   |                            |        |                     |                           |          |                  |
| 00600                    | DISTRIBUTION SYSTEM               | 2E-1103           | FLOOR 1 MENS BATH 1        | A      | Y                   | 2                         | Y        | Y                |
|                          |                                   | 2E-1105           | FLOOR 1 MENS BATH 2        | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-1112           | RECEPTION BATH             | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-1180           | WALK-IN BATH               | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-1198B          | WAITING ROOM MENS          | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-2113           | BLDG #2E 2ND FLOOR         | A      | Y                   | 2                         | Y        | Y                |
|                          |                                   | 2E-2136B          | DERMATOLOGY BATH           | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-2148           | BREAK ROOM SINK            | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-2154           | FLOOR 2 STAFF BATH         | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-2155           | FLOOR 2 PATIENT BATH       | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-3103           | FLOOR 3 BATH 1             | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-3107           | FLOOR 3 BATH 2             | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-4100B          | BENEFITS MENS BATH         | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-4111           | BLDG #2E EXEC DINING       | A      | Y                   | 2                         | Y        | Y                |
|                          |                                   | 2E-B109           | BASEMENT MENS BATH         | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-B118           | LAB SINK                   | A      |                     | 2                         |          |                  |
|                          |                                   | 2E-B130           | BLDG 2E BSMT LOCKER        | A      | Y                   | 2                         | Y        | Y                |
|                          |                                   | 2E-B130A          | 2E-B130A                   | A      | Y                   |                           |          |                  |
|                          |                                   | 2E-B131A          | 2E-B131A                   | A      | Y                   |                           |          |                  |
|                          |                                   | 2E-B135B          | BLDG #2E PO4/ZN            | A      | Y                   | 2                         | Y        | Y                |
|                          |                                   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                                   | CAFE1             | SERVING HAND SINK          | A      |                     | 2                         |          |                  |
|                          |                                   | CORR C2-3         | HALLWAY HANDSINK           | A      |                     | 2                         |          |                  |
|                          |                                   | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                                   | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | TREATMENT PLANT                   | 3                 | TREATMENT PLANT            | A      |                     |                           |          |                  |
| 58542                    | INTERCONNECTION - CT0640011 - MDC |                   |                            |        |                     |                           |          |                  |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949073                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2E | NTNC           | 335        | F          | SWP            |
| Local Address (where applicable) | Service                                 | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  | Connections                             |                | 1          |            |                |

Towns Served: NEWINGTON

## Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name     | Operator Type  | Certification(s)                          | Certification Expiration |
|-------------------|----------------|---|--------------------------|
| KILBOURN, ERIC M. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2028               |
|                   |                | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2028               |

## Contact Information

|                          |                          |                     |              |                         |
|--------------------------|--------------------------|---------------------|--------------|-------------------------|
| Name                     | Organization             | Job Title           |              |                         |
| Ms. Jennifer A. Bourque  | Va CT Healthcare System  | Executive Assistant |              |                         |
| Mailing Address Line One | Mailing Address Line Two | City                | State        | Zip Code                |
| 950 Campbell Avenue      |                          | West Haven          | CT           | 06516                   |
| Business Phone           | Extension                | Fax                 | Mobile Phone | Emergency Phone         |
| 203-932-5711             | 3888                     | 203-934-4795        |              | jennifer.bourque@va.gov |

Contact Role(s): Administrative Contact

|                          |                          |                    |              |                     |
|--------------------------|--------------------------|--------------------|--------------|---------------------|
| Name                     | Organization             | Job Title          |              |                     |
| Dr. Becky D. Rhoads      | Va CT Healthcare System  | Executive Director |              |                     |
| Mailing Address Line One | Mailing Address Line Two | City               | State        | Zip Code            |
| 950 Campbell Avenue      | M.S. 001                 | West Haven         | CT           | 06516               |
| Business Phone           | Extension                | Fax                | Mobile Phone | Emergency Phone     |
| 203-932-5711             | 3888                     | 203-934-4795       |              | Becky.Rhoads@va.gov |

Contact Role(s): Legal Contact

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0949053                        | NEWINGTON VA MEDICAL CENTER-BUILDING 1 | NTNC           | 110        | F          | SWP            |
| Local Address (where applicable) | Service                                | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  | Connections                            |                | 1          |            |                |

Towns Served: NEWINGTON

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

|  |  |  |  |
|--|--|--|--|
| <b>Asbestos (1094)</b>   | <b>1 routine (RT) per nine years</b>                                       |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                                  | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points                            | 1/1/20 - 12/31/28  |  |  |
| <b>Total Coliform (3100)</b>   | <b>1 routine (RT) per quarter</b>  |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                                  | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points                            | 7/1/25 - 9/30/25   Complete  |  |  |
|  | 10/1/25 - 12/31/25   Complete  |  |  |
|  | 1/1/26 - 3/31/26   Complete  |  |  |
|  | 4/1/26 - 6/30/26   |  |  |
| <b>Lead And Copper (PBCU)</b>  | <b>10 routine (RT) per six months</b>                                      |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                                  | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points                            | 7/1/25 - 12/31/25   Complete   |  |  |
|  | 1/1/26 - 6/30/26   |  |  |
|  | 7/1/26 - 12/31/26  |  |  |
| <b>Physical Parameters (PPS)</b>   | <b>1 routine (RT) per quarter</b>  |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                                  | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points                            | 7/1/25 - 9/30/25   Complete  |  |  |
|  | 10/1/25 - 12/31/25   Complete  |  |  |
|  | 1/1/26 - 3/31/26   Complete  |  |  |
|  | 4/1/26 - 6/30/26   |  |  |
| <b>Water Quality Parameters Orthophosphate and Total Alkalinity (WQP9)</b> | <b>2 routine (RT) per six months</b>                                       |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                                  | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points                            | 7/1/25 - 12/31/25   Complete   |  |  |
|  | 1/1/26 - 6/30/26   |  |  |
|  | 7/1/26 - 12/31/26  |  |  |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: TREATMENT PLANT (WSFID: 00700)

| Analyte              | Monitoring Requirement (Summary Type) | Operating Limit                         | Samples Req/Month                       |
|----------------------|---------------------------------------|---|---|
| Orthophosphate       | <spaces> ( )                          | Maximum: 3.0 MG/L                       | 2                                       |
| Start Date: 8/1/2021 |                                       | Compliance History:   Monitoring Period | Operating Limit   Monitoring            |
|                      |                                       | 8/1/2025 - 8/31/2025                    | Compliance Status:   Compliance Status: |
|                      |                                       | 9/1/2025 - 9/30/2025                    |   |
|                      |                                       | 10/1/2025 - 10/31/2025                  |   |
|                      |                                       | 11/1/2025 - 11/30/2025                  |   |
|                      |                                       | 12/1/2025 - 12/31/2025                  |   |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0949053                        | NEWINGTON VA MEDICAL CENTER-BUILDING 1 | NTNC           | 110        | F          | SWP            |
| Local Address (where applicable) | Service Connections                    | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  |  |                | 1          |            |                |

Towns Served: NEWINGTON

Water System Facility: TREATMENT PLANT (WSID: 00700)

| Analyte               | Monitoring Requirement (Summary Type)   | Operating Limit   | Samples Req/Month             |
|-----------------------|---|-------------------|-------------------------------|
| Orthophosphate        | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.5 MG/L | 2                             |
| Start Date: 8/31/2021 | Compliance History: Monitoring Period   | Operating Limit   | Monitoring Compliance Status: |
|                       | 8/1/2025 - 8/31/2025                    | Y                 |                               |
|                       | 9/1/2025 - 9/30/2025                    | Y                 |                               |
|                       | 10/1/2025 - 10/31/2025                  | Y                 |                               |
|                       | 11/1/2025 - 11/30/2025                  | Y                 |                               |
|                       | 12/1/2025 - 12/31/2025                  | Y                 |                               |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT |          | 3/1/2025      |

| Water System Facility ID | Water System Facility | Sampling Point ID    | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|----------------|---------------------------|----------|------------------|
|                          |                       |                      |                            |        | Rule           |                           |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 1-305                | BLDG 1/3RD FLOOR           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-311                | 3RD FLOOR                  | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-338                | RESTROOM WAITING           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-340                | STAFF BATH                 | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-414B               | BLDG 1/4TH FLOOR           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-416B               | 1-416B                     | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-508                | WOMEN'S BATH               | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1-509                | BLDG 1/5TH FLOOR           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1N-118               | STAFF BATH                 | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1N-169               | 1N-169                     | A      | Y              |                           |          |                  |
|                          |                       | 1N-227               | BATH/2ND FLOOR N           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1N-305               | 1N-305                     | A      | Y              |                           |          |                  |
|                          |                       | 1N-414A              | 1N-414A                    | A      | Y              |                           |          |                  |
|                          |                       | 1S-166               | BLDG 1 PO4/ZN/1FL          | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1S-169               | BATH/1ST FLOOR S           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1S-178               | BLDG1 PO4/ZN               | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1S-263               | WOMEN'S ROOM               | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 1S-272               | BLDG 1/2ND FLOOR           | A      | Y              | 2                         | Y        | Y                |
|                          |                       | 4                    | DISTRIBUTION SYSTEM        | A      |                |                           |          |                  |
|                          | DOWNSTREAM            | WITHIN 5 SERVICE CON |                            | A      |                |                           |          |                  |
|                          |                       | IN-305               | IN-305                     | A      | Y              |                           |          |                  |
|                          |                       | IN-414A              | IN-414A                    | A      | Y              |                           |          |                  |
|                          |                       | IN-509               | IN-509                     | A      | Y              |                           |          |                  |
|                          |                       | IS-272               | IS-272                     | A      | Y              |                           |          |                  |
|                          | UPSTREAM              | WITHIN 5 SERVICE CON |                            | A      |                |                           |          |                  |

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| 555 WILLARD AVE                  |  |                | 1          |            |                |

Towns Served: NEWINGTON

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility             | Sampling Point ID | Sampling Point Description | Status | Total    | Lead and Coliform | Copper Rule | Asbestos Rule Tier | Stage WQP 2 | DBPR |
|--------------------------|-----------------------------------|-------------------|----------------------------|--------|----------|-------------------|-------------|--------------------|-------------|------|
|                          |                                   |                   |                            |        | Coliform | Copper Rule Tier  | Asbestos    | WQP 2              | DBPR        |      |
| 00700                    | TREATMENT PLANT                   | 3                 | TREATMENT PLANT            | A      |          |                   |             |                    |             |      |
| 58542                    | INTERCONNECTION - CT0640011 - MDC |                   |                            |        |          |                   |             |                    |             |      |

## Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

| Facility Classification: | CLASS 1 TREATMENT PLANT | Certification Expiration                  |
|--------------------------|-------------------------|---|
| Operator Name            | Operator Type           | Certification(s)                          |
| KILBOURN, ERIC M.        | CHIEF OPERATOR          | DISTRIBUTION SYSTEM OPERATOR - CLASS I    |
|                          |                         | WATER TREATMENT PLANT OPERATOR - CLASS II |

## Contact Information

|                          |                          |                     |              |                         |
|--------------------------|--------------------------|---------------------|--------------|-------------------------|
| Name                     | Organization             | Job Title           |              |                         |
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Contact Role(s): Administrative Contact

|                          |                          |                    |              |                     |
|--------------------------|--------------------------|--------------------|--------------|---------------------|
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<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

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|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949063                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2C | NTNC           | 80         | F          | SWP            |
| Local Address (where applicable) | Service                                 | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  | Connections                             |                | 1          |            |                |

Towns Served: NEWINGTON

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

|   |                                      |                          |                          |
|---|--------------------------------------|--------------------------|--------------------------|
| <b>Asbestos (1094)</b>                          | <b>1 routine (RT) per nine years</b> |                          |                          |
| <b>Sampling Point (Sampling Point ID)</b>       | <b>Monitoring Period</b>             | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28                    |                          |                          |
| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b>    |                          |                          |
| <b>Sampling Point (Sampling Point ID)</b>       | <b>Monitoring Period</b>             | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25                     |                          | Complete                 |
|   | 10/1/25 - 12/31/25                   |                          | Complete                 |
|   | 1/1/26 - 3/31/26                     |                          | Complete                 |
|   | 4/1/26 - 6/30/26                     |                          |                          |
| <b>Lead And Copper (PBCU)</b>                   | <b>5 routine (RT) per six months</b> |                          |                          |
| <b>Sampling Point (Sampling Point ID)</b>       | <b>Monitoring Period</b>             | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25                    |                          | Complete                 |
|   | 1/1/26 - 6/30/26                     |                          |                          |
|   | 7/1/26 - 12/31/26                    |                          |                          |
| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b>    |                          |                          |
| <b>Sampling Point (Sampling Point ID)</b>       | <b>Monitoring Period</b>             | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25                     |                          | Complete                 |
|   | 10/1/25 - 12/31/25                   |                          | Complete                 |
|   | 1/1/26 - 3/31/26                     |                          | Complete                 |
|   | 4/1/26 - 6/30/26                     |                          |                          |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSFID: 00600)

| Analyte                     | Monitoring Requirement (Summary Type) | Operating Limit            | Samples Req/Month         |
|-----------------------------|---------------------------------------|----------------------------|---------------------------|
| Orthophosphate              | <spaces> ( )                          | Maximum: 3.0 MG/L          | 2                         |
| <b>Start Date:</b> 7/1/2018 |                                       | <b>Compliance History:</b> |                           |
|                             |                                       | <b>Monitoring Period</b>   | <b>Operating Limit</b>    |
|                             |                                       |                            | <b>Monitoring</b>         |
|                             |                                       |                            | <b>Compliance Status:</b> |
|                             |                                       | 8/1/2025 - 8/31/2025       |                           |
|                             |                                       | 9/1/2025 - 9/30/2025       |                           |
|                             |                                       | 10/1/2025 - 10/31/2025     |                           |
|                             |                                       | 11/1/2025 - 11/30/2025     |                           |
|                             |                                       | 12/1/2025 - 12/31/2025     |                           |

Water System Facility: TREATMENT PLANT (WSFID: 00700)

| Analyte                     | Monitoring Requirement (Summary Type)   | Operating Limit            | Samples Req/Month         |
|-----------------------------|---|----------------------------|---------------------------|
| Orthophosphate              | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.5 MG/L          | 2                         |
| <b>Start Date:</b> 7/6/2018 |   | <b>Compliance History:</b> |                           |
|                             |   | <b>Monitoring Period</b>   | <b>Operating Limit</b>    |
|                             |   |                            | <b>Monitoring</b>         |
|                             |   |                            | <b>Compliance Status:</b> |
|                             |   | 8/1/2025 - 8/31/2025       | Y                         |
|                             |   | 9/1/2025 - 9/30/2025       | Y                         |
|                             |   | 10/1/2025 - 10/31/2025     | Y                         |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949063                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2C | NTNC           | 80         | F          | SWP            |
| Local Address (where applicable) | Service                                 | Residential    | Commercial | Industrial | Combined       |
| 555 WILLARD AVE                  | Connections                             |                | 1          |            |                |

Towns Served: NEWINGTON

Water System Facility: TREATMENT PLANT (WSID: 00700)

| Analyte              | Monitoring Requirement (Summary Type)   | Operating Limit                       | Samples Req/Month  |
|----------------------|---|---------------------------------------|--|
| Orthophosphate       | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.5 MG/L                     | 2  |
| Start Date: 7/6/2018 |   | Compliance History: Monitoring Period | Operating Limit Monitoring Compliance Status: Compliance Status: |
|                      |   | 11/1/2025 - 11/30/2025                | Y  |
|                      |   | 12/1/2025 - 12/31/2025                | Y  |
| Analyte              | Monitoring Requirement (Summary Type)   | Operating Limit                       | Samples Req/Month  |
| Orthophosphate       | <spaces> ( )                            | Maximum: 3.0 MG/L                     | 2  |
| Start Date: 7/6/2018 |   | Compliance History: Monitoring Period | Operating Limit Monitoring Compliance Status: Compliance Status: |
|                      |   | 8/1/2025 - 8/31/2025                  |  |
|                      |   | 9/1/2025 - 9/30/2025                  |  |
|                      |   | 10/1/2025 - 10/31/2025                |  |
|                      |   | 11/1/2025 - 11/30/2025                |  |
|                      |   | 12/1/2025 - 12/31/2025                |  |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT |          | 3/1/2025      |

| Water System Facility ID | Water System Facility             | Sampling Point ID | Sampling Point Description | Status | Total         | Lead and Coliform Rule |          |   | Stage |
|--------------------------|-----------------------------------|-------------------|----------------------------|--------|---------------|------------------------|----------|---|-------|
|                          |                                   |                   |                            |        | Coliform Rule | Copper Rule Tier       | Asbestos |   |       |
| 00600                    | DISTRIBUTION SYSTEM               | 2C-1132           | 2C 2ND FLOOR/1             | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-1161           | 2C PO4/ZN                  | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-202            | BLDG #2C 2ND FL/1          | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-2106           | 2C 2ND FLOOR/3             | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-2109           | 2C 2ND FLOOR/3             | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-2135           | BLDG #2C 2ND FL/2          | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-2136           | 2C 2ND FLOOR/2             | A      | Y             | 2                      |          |   |       |
|                          |                                   | 2C-2137           | 2C-2ND FLOOR/2             | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 2C-3127           | 2C 3RD FLOOR               | A      | Y             | 2                      | Y        | Y |       |
|                          |                                   | 4                 | DISTRIBUTION SYSTEM        | A      |               |                        |          |   |       |
| 00700                    | TREATMENT PLANT                   | 3                 | TREATMENT PLANT            | A      |               |                        |          |   |       |
|                          |                                   |                   |                            |        |               |                        |          |   |       |
|                          |                                   |                   |                            |        |               |                        |          |   |       |
| 58542                    | INTERCONNECTION - CT0640011 - MDC |                   |                            |        |               |                        |          |   |       |

### Certified Operator Information

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# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0949063                        | NEWINGTON VA MEDICAL CENTER-BUILDING 2C | NTNC           | 80         | F          | SWP            |
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Towns Served: NEWINGTON

## Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

**Facility Classification:** CLASS 1 TREATMENT PLANT

**Certification  
Expiration**

| Operator Name     | Operator Type  | Certification(s)                          |            |
|-------------------|----------------|---|------------|
| KILBOURN, ERIC M. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2028 |
|                   |                | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2028 |

## Contact Information

|                          |                          |                     |       |          |
|--------------------------|--------------------------|---------------------|-------|----------|
| Name                     | Organization             | Job Title           |       |          |
| Ms. Jennifer A. Bourque  | Va CT Healthcare System  | Executive Assistant |       |          |
| Mailing Address Line One | Mailing Address Line Two | City                | State | Zip Code |
| 950 Campbell Avenue      |                          | West Haven          | CT    | 06516    |

|   |           |                          |              |                    |                         |
|---|-----------|--------------------------|--------------|--------------------|-------------------------|
| Business Phone                          | Extension | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 203-932-5711                            | 3888      | 203-934-4795             |              |                    | jennifer.bourque@va.gov |
| Contact Role(s): Administrative Contact |           |                          |              |                    |                         |
| Name                                    |           | Organization             |              | Job Title          |                         |
| Dr. Becky D. Rhoads                     |           | Va CT Healthcare System  |              | Executive Director |                         |
| Mailing Address Line One                |           | Mailing Address Line Two |              | City               | State                   |
| 950 Campbell Avenue                     |           | M.S. 001                 |              | West Haven         | CT                      |
| Business Phone                          |           | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 203-932-5711                            |           | 203-934-4795             |              |                    | Becky.Rhoads@va.gov     |

Contact Role(s): Legal Contact

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

**If you have any questions, please contact the Drinking Water Section at (860) 509-7333.**

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

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